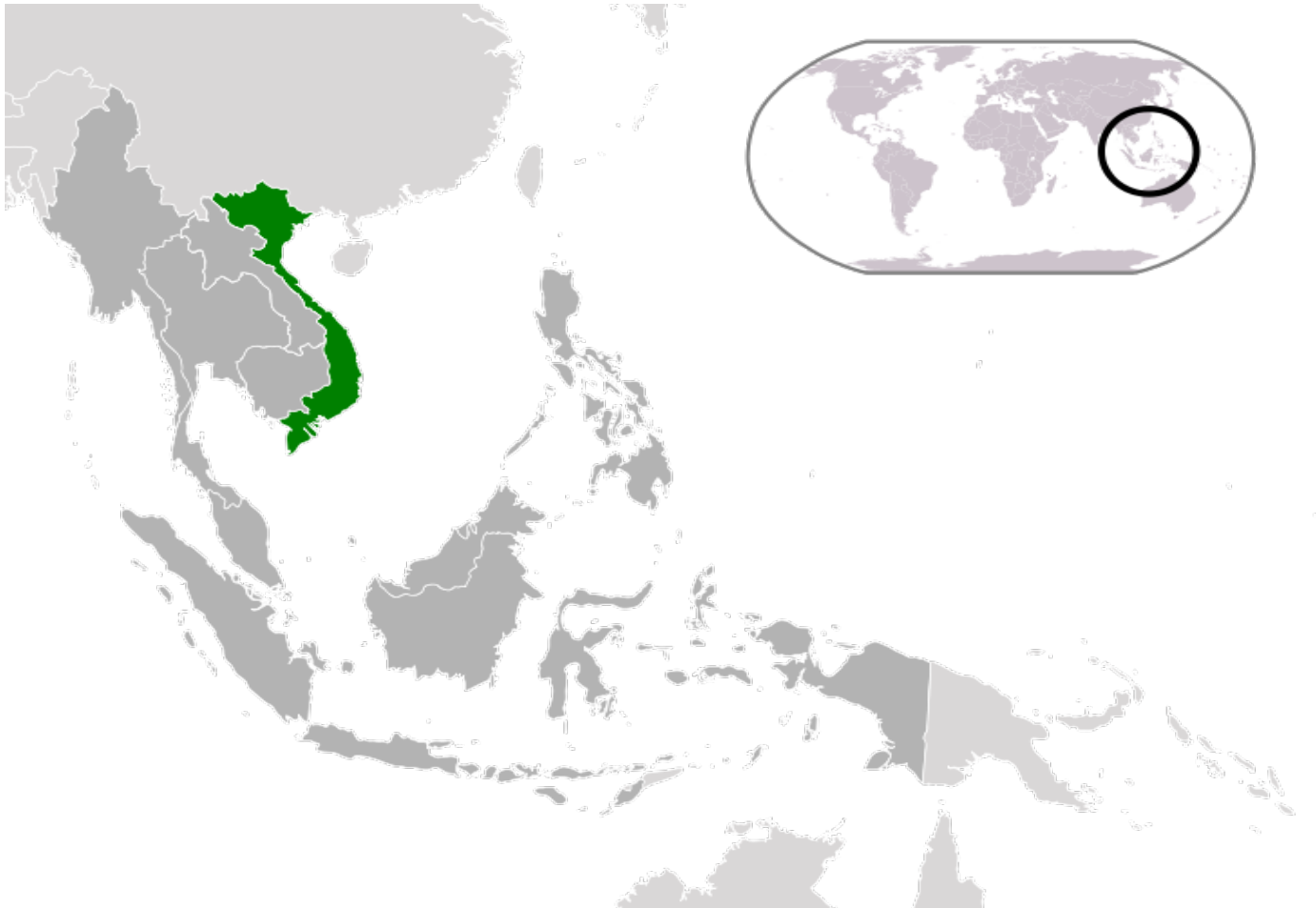


Vietnamese American Healthcare

Catherine Nguyen
Behavioral Medicine
2017

Mr. Nguyen...

- 70 yo Vietnamese male walks into clinic for assessment about weight loss. 15 lbs over past 3 months.
- Denies changes in mood
- PMHx: TB (s/p tx in VN, 1990), Chronic Hep B
- Soc Hx: Use to be a general in the Southern Army of Vietnam. Spent 8 years in a re-education camp; speaks primarily Vietnamese; unable to complete the questionnaire in English



3 Immigration Waves



Wave 1: Military officers and their families came at the end of the war in 1975.

Wave 2: “Boat people” came in the early 1980’s

Wave 3: Prisoners released from the Communist “re-education” camps in the 1990’s + Family Sponsorships

Mental Distress

- Traumatic experiences during the Vietnam War are also prevalent amongst Vietnamese older adult refugees or immigrants who have re-established themselves in the U.S.
- Close to 50% of Vietnamese refugees from a general medical clinic suffered major depression. Mental health studies of Vietnamese refugees show that they have high levels of depression, anxiety and post-traumatic stress (Hinton et al., 1993)
- Refugee and/or re-education camps, sudden and involuntary transplantation from a familiar cultural setting to a completely unfamiliar cultural setting, and difficulties with acculturating and adapting to Western culture.
- Men > Women because reduction in status
- **The Concept of “Losing Face”**

Long-term Effect of Psychological Trauma on The Mental Health of Vietnamese Refugees in Australia.

Zachary Steel et al., Lancet, Oct 5, 2002

Sex	
Male	472 (41%)
Female	689 (59%)
Age (years, mean [SD])	41 (14.2)
Language most often spoken at home	
Vietnamese	965 (83%)
Cantonese	147 (13%)
Other (including English)	49 (4%)
Method of leaving Vietnam	
Boat	644 (56%)
Plane	454 (39%)
Other	63 (5%)
Lived in refugee camp	661 (57%)
Time in refugee camp (months, mean [SD])	19 (20.0)
Time in Australia (years, mean [SD])	11.4 (5.8)

Long-term Effect of Psychological Trauma on The Mental Health of Vietnamese Refugees in Australia.

Zachary Steel et al., Lancet, Oct 5, 2002

	n	CIDI-ICD-10	
		Number (%) defined as cases	Odds ratio (95% CI)
Trauma exposure			
No trauma	460	13 (3%)	1.0
1-2 traumas	408	24 (6%)	2.2 (1.1-4.3)
≥3 traumas	293	58 (20%)	8.5 (4.6-15.8)*
Time since index trauma†			
No trauma	460	13 (3%)	1.0
0-4 years	158	41 (26%)	12.0 (6.2-23.2)
5-9 years	88	13 (15%)	5.9 (2.7-13.3)
≥10 years	434	28 (7%)	2.4 (1.2-4.6)*
Interaction between exposure and time†			
No trauma	460	13 (3%)	1.0
1-2 traumas (0-4 years)	101	15 (15%)	6.3 (2.9-13.7)
1-2 traumas (5-9 years)	53	4 (8%)	3.0 (0.9-9.6)
1-2 traumas (≥10 years)	235	5 (2%)	0.8 (0.3-2.3)
≥3 traumas (0-4 years)	57	26 (46%)	30.0 (14.2-65)
≥3 traumas (5-9 years)	35	9 (26%)	12.5 (4.9-32)
≥3 traumas (≥10 years)	199	23 (12%)	4.7 (2.3-9.5)*

Mr. Nguyen...

- After evaluation, you think Mr. Nguyen probably has depression and needs antidepressant treatment.
- What could be cultural barriers in diagnosis and treatment of mental health issues in Vietnamese elderly?
- Social stigma.
- Traditional health beliefs:

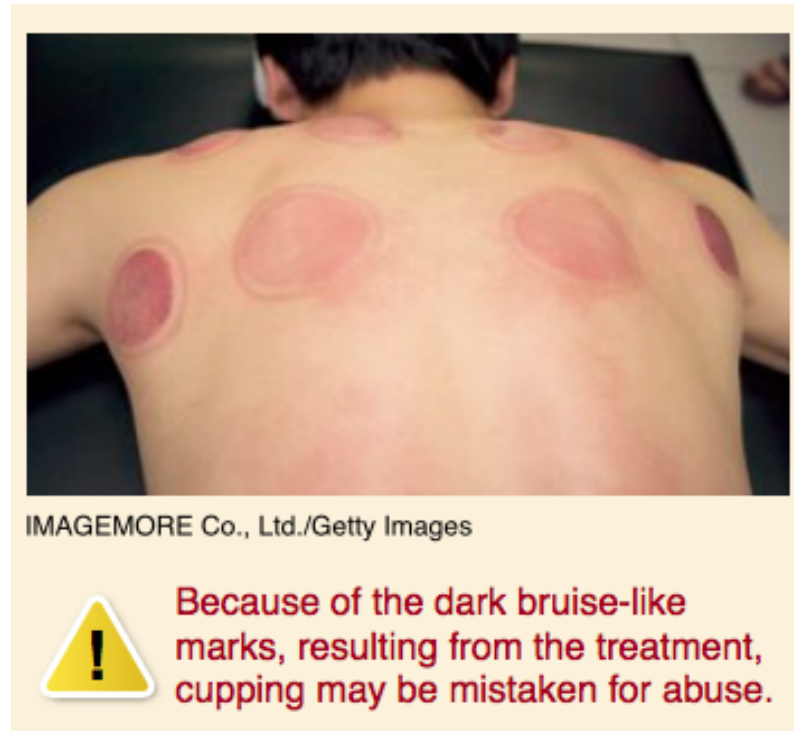
Eastern Oriental Medicine (Thuốc Đông Y)

- Western medicine views the body and mind as dual components whereas Eastern medicine views the body and mind as united components.
- Emphasis is also placed on balance of yin and yang, or hot and cold.
- To stay healthy, one must maintain this balance by controlling inner mental and physical states.
- Excess eating or worrying can lead to an imbalance of excess “heat,” thus resulting in mental and physical illness
- self control of emotions, thoughts, behavior, diet and food and medication intake are all important in maintaining health and balance.

Mr. Nguyen

Physical Exam unremarkable except....

- You find lines of red bruising along ribs and midline in his back



Coin rubbing¹

Cupping therapy²

1. Jugana Loder. (2008). Gua Sha [photograph], Retrieved May 6, 2011,
2. Alanna Ralph. (2004). Fire cupping [photograph]. Retrieved May 6, 2011

Eastern Oriental Medicine Vs. Western Medicine

- Older Vietnamese Americans may interpret med side effects as “too hot” or “too cold”
- Western med is “stronger, faster” vs. Eastern/folk medicine as “weaker, slower, preventative” → issues to adherence
- Combine oriental medicine treatments without disclosing
- Decrease drug doses such that some medication may not be effective



Cancer

- The primary leading cause of death for Vietnamese of both genders in the U.S. is cancer

(Hoyert & Kung, 1997).

- Both genders have the highest incidence of lung and liver cancer than their Asian counterparts (<http://www.aancart.org>).
- Vietnamese men have the second highest incidence of lymphoma in the United States and they have the highest rates for liver and nasopharynx cancer.
- As for Vietnamese women, they have a two and half times higher incidence of cervical cancer than any other racial or ethnic group (<http://www.nci.nih.gov/statistics/>).

What are common cancers in Viet American seniors?

	White Men		White Women		VN Men		VN Women	
All Cancer*	1432.0	1.00	907.8	1.00	883.7	0.66	534.7	0.63
Stomach	37.1	1.00	19.8	1.00	88.0	2.54	51.3	2.92
Liver	28.2	1.00	14.6	1.00	141.8	5.24	61.9	4.55
Cervix			7.7	1.00			13.7	1.74
Breast			129.3	1.00			23.5	0.19
Lung	454.3	1.00	206.8	1.00	285.5	0.64	114.2	0.56

Cancer death rates for older Asian-Americans_ Lauderdale, D.; Huo, D.

*Death rate/100,000. Cancer Causes Control (2008) 19:135–

Cardiac and Hypertensive Problems

- Vietnamese Diet:
 - high glucose starches such as white rice and noodles
 - High sodium ingredients: nước mắm
- High rates of smoking amongst Vietnamese men 35-42%

Research also shows that cardiovascular and cerebrovascular diseases are the second leading cause of death for Vietnamese of both genders in seven U.S. States (Hoyert & Kung, 1997).



End of Life Issues

- Filial Piety
- Attitude towards dying
- End-of-life preparation: Rituals of death vs. End of Life planning (i.e. advance directives, “Do not Resuscitate”)
- Diagnosis Disclosure Issues and Code Status Discussions
- Cultural Beliefs related to death

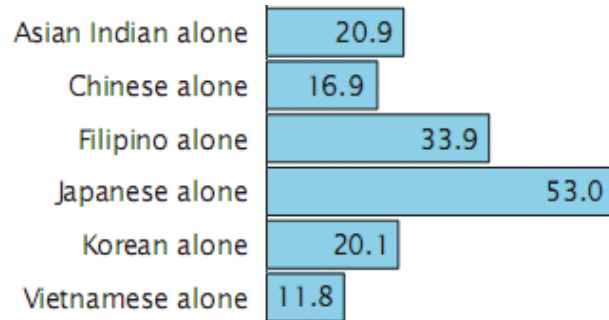


Access/Utilization

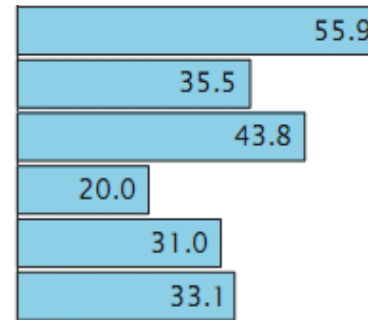
- Lack of Knowledge Regarding Health Care (i.e. TB)
- Lack of linguistically and culturally competent health services
- Lack of insurance
- Lack of affordable health care cost
- Not being able to access specialty care

→ Delay in Seeking Medical Attention

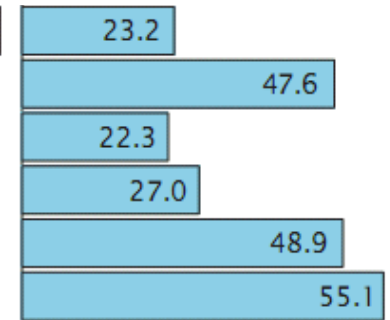
Only English at home



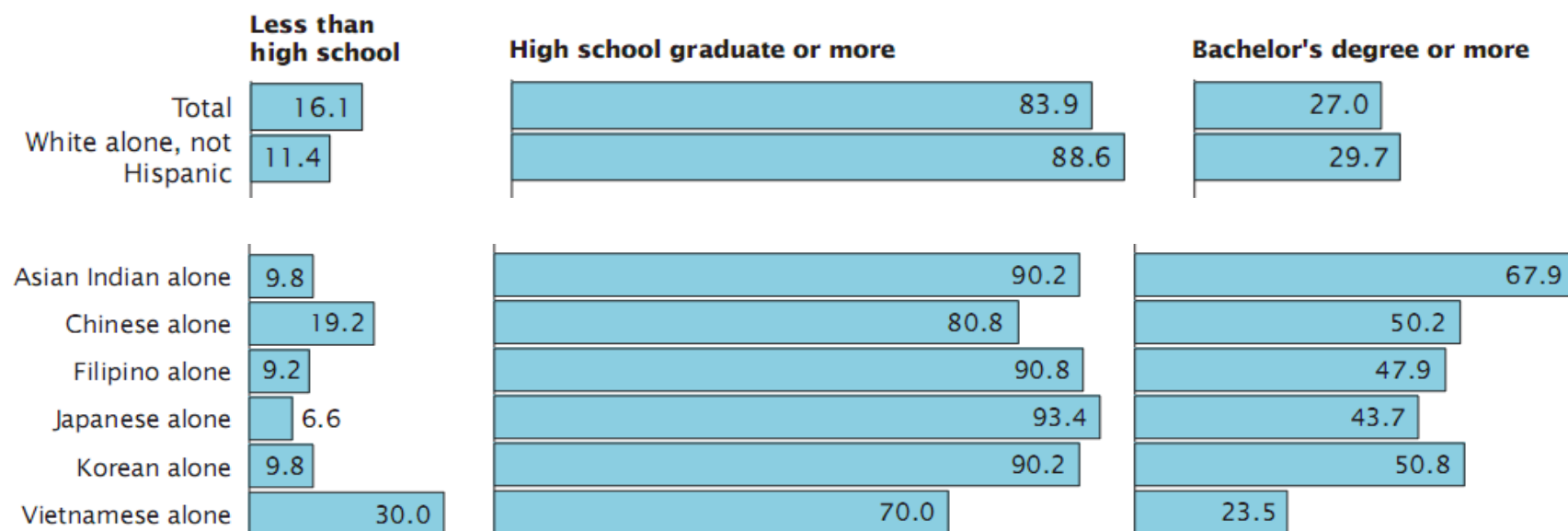
Non-English at home English spoken "very well"



Non-English at home, English spoken less than "very well"

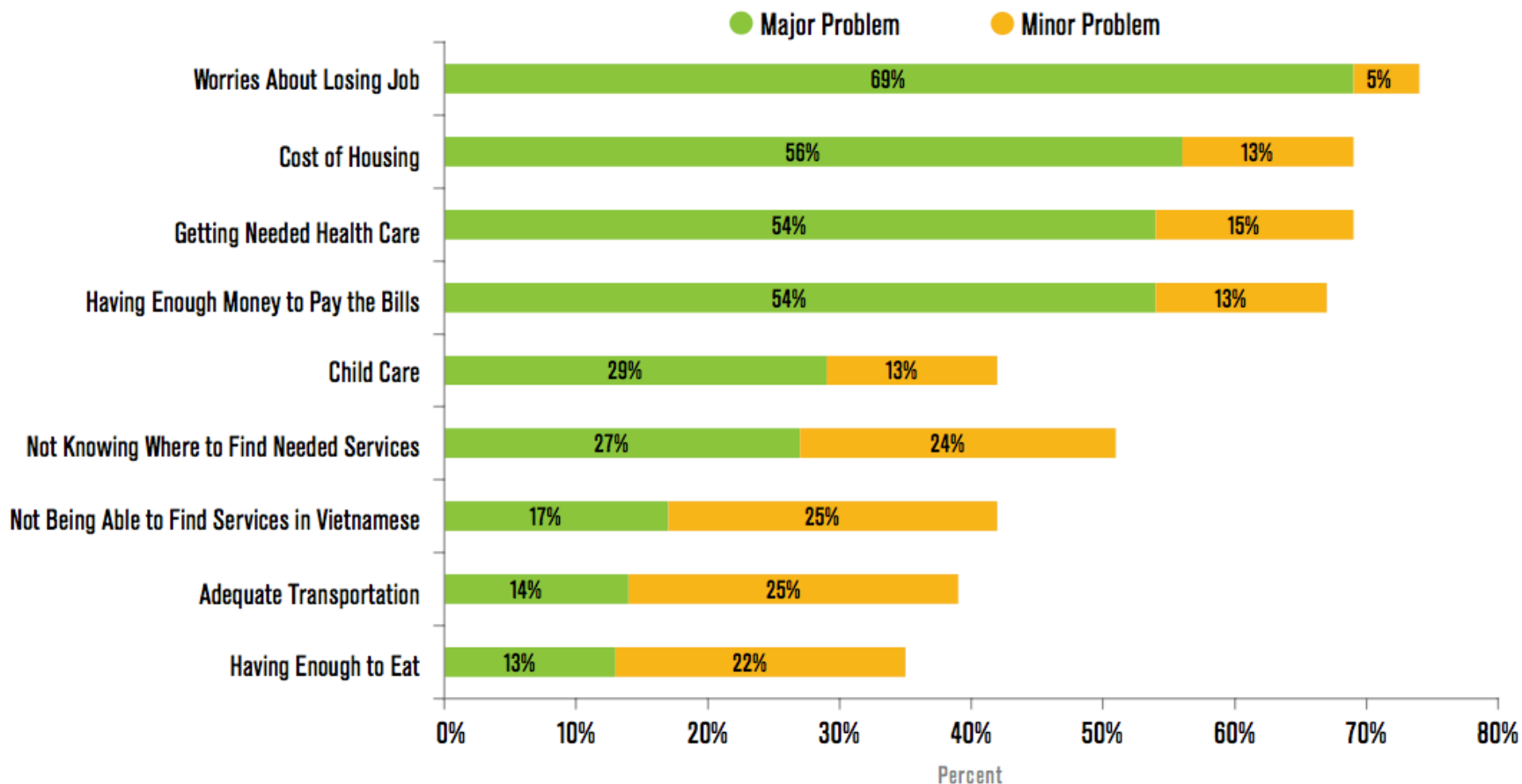


Source: U.S. Census Bureau, 2004 American Community Survey, Selected Population Profiles, S0201.



Source: U.S. Census Bureau, 2004 American Community Survey, Selected Population Profiles, S0201.

Figure 1.7: Problems Faced by Vietnamese Adult Event Attendees in the Past 12 Months



Note: Reports of childcare problems are for Vietnamese adults with children in the home.

Source: Santa Clara County Public Health Department, 2011 Vietnamese Adult Community Event Survey

Geriatrics: Interpretation

- Proper interpretative service is vital to providing quality health care to Vietnamese older adults. It is very important to provide cultural and linguistic competence in aging services because more Vietnamese older adults are non-English or limited English speaking in comparison to younger Vietnamese (Jackson, 1998)
- Interpreters must be adept in Western and Vietnamese cultures, medical concepts, beliefs, vocabulary and physical examination procedures (Hoang et al., 1982). Interpreters need to be certified and trained in order to provide proper interpretative service.

Health Promotion

Most Effective Methods:

- Vietnamese newspapers/magazines
- Vietnamese and English language television
- Vietnamese radio and friends and family members

Topics that should be covered:

- regular exercise,
- well- balanced diet,
- stress management and
- smoking cessation.
- Pap Smears
- Support Groups
- Health education classes
- Rational behind regular screening, procedures, equipment



Summary:

Smoking Screening

PTSD / Depression screen

Pap smears (cervical cancer)

Hep B screening

Address Diet

Liver, Stomach cancer

Advance Directives

Check medical literacy

Use a translator who understands

Vietnamese culture